

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599169

FILING DATE

09-21-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		8				
6		8				
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7		9			
TOTAL DEP.	16	←	12	←		←
TOTAL CLAIMS	23		21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.				↓		↓
TOTAL CLAIMS				←		←